

A.D 8.10, Quality Assurance and Improvement

Prepared for signature 9/14/99 - effective 10/12/99

1. Policy. The Department shall monitor the quality of health services provided to inmates.
2. Authority and Reference.
 - A. Connecticut General Statutes, Sections 18-81, 21a-262 and 52a-174.
 - B. American Correctional Association, Standards for Adult Correctional Institutions, Third Edition, January 1990, Standards 3-4328 and 3-4329.
 - C. American Correctional Association, Standards for Adult Detention Facilities, Third Edition, March 1991, Standards 3-ALDF-4E-03 and 3-ALDF-4E-04.
 - D. American Correctional Association, Standards for Administration of Correctional Agencies, Second Edition, April 1993, Standard 2-CO-4E-01.
 - E. National Commission on Correctional Health Care, Standards for Health Care in Prisons, 1992, Standards P-05, P-18 to P-22, P-14, P-09 and P-68.
 - F. National Commission on Correctional Health Care, Standards for Health Care in Jails, 1992, Standards J-09, J-13, J-17 and J-22.
 - G. Joint Commission on Accreditation of Health Organization, Quality Improvement, 1991.
 - H. Doe vs Meachum, Civil No. H-88-562 (PCD).
 - I. Lareau vs Manson, Civil No. H 78-145, September 17, 1981.
 - J. West vs Manson, H 83-366 (AHN), April 23, 1987.
 - K. Smith vs Meachum, Civil Action No. H-87-221, August 8, 1989.
 - L. Administrative Directive 8.7, Health Records Management.
3. Definitions. For the purposes stated herein, the following definitions apply:
 - A. Assessment. A health appraisal of an individual.
 - B. Criterion. The predetermined objective elements used to measure extent, value or quality.
 - C. Evaluation. A process of analysis which focuses on quality, performance and satisfaction.
 - D. Indicator. A well defined, objective and measurable variable used to assess quality or appropriateness of an aspect of care. An indicator may be a resource, an event, activity or outcome.
 - E. Monitoring. An on going systematically planned collection, organization and compilation of indicator data.
 - F. Outcome. The result of an applied treatment.
 - G. Quality. A level of health care service intended to increase the probability of desired treatment outcome and reduce the opportunity of undesired outcome.
 - H. Quality Assurance and Improvement Program. A process by which health care delivery is monitored and evaluated to assess the quality and appropriateness of care and to identify features of the health care delivery system requiring improvement.
 - I. Monitoring Panel. A multidisciplinary team composed of Department employees that monitors the quality of care, develops an action plan for improvement based on monitoring findings and assesses the effectiveness of these plans after implementation

4. Quality Assurance and Improvement Program Management. The Director of Health Services shall supervise a comprehensive Quality Assurance and Improvement Program for Health Services in accordance with this Directive. The Department Monitoring Panel shall report to the Director of Health Services and shall oversee the Quality Assurance and Improvement Program.
5. Components of the Quality Assurance and Improvement Program. The Quality Assurance and Improvement Program shall, at a minimum, contain the following components:
 - A. Safety. To monitor the safety of the environment for the public, staff and inmates by recommending or implementing safeguards against accidents and injury.
 - B. Consent Decree Compliance. To direct compliance with court ordered consent decrees, identify areas of potential liability, and make recommendations for corrective action office.
 - C. Infection Control. To prevent, identify and control infections.
 - D. Health Care. To monitor all aspects of health care including admission, screening and evaluations of sick call services, chronic disease services, infirmary care, nursing services, pharmacy services, diagnostic services, psychiatric services, dental services, and adverse patient occurrences.
 - E. Peer Review. An established mechanism for evaluating the appropriateness of health care provided by a qualified health care professional.
 - F. Mortality Review. To conduct a review in the event of an inmate death to determine if a pattern of symptoms exist, which if identified during the course of treatment, might have resulted in earlier diagnosis and intervention, and to examine events immediately surrounding each death to determine if appropriate interventions were applied.
6. Department Quality Assurance and Improvement Committee. The Director of Health Services shall establish and chair the interdepartmental Quality Assurance and Improvement Committee.
 - A. Committee Members. Committee members from the Department of Correction shall include the Monitoring Panel and ad hoc members as by the Deputy Commissioner of Programs. Committee members from the health services provider shall include the provider's Medical Director, Director of Quality Improvement, Health Service Program Directors and Complex Health Service Administrators.
 - B. Committee Duties. The Department Quality Assurance and Improvement Committee shall: oversee and direct the overall Quality Assurance and Improvement Program, review standards and monitoring systems; develop quality of care standards; review, assess and evaluate collected data to identify patterns or trends; plan for corrective action; monitor the resolution of identified problems; evaluate the effectiveness of the Quality Assurance and Improvement Program; document Quality Assurance and Improvement Program activities; serve as a resource to facility Quality Assurance and Improvement Programs; coordinate activities for related health disciplines; participate in in-service staff

development programs; coordinate the collection and preparation of Health Service statistics; and conduct quarterly meetings and submit the minutes to the Deputy Commissioner of Programs.

7. Facility Quality Assurance and Improvement Committees. Each Complex Health Services Administrator shall establish a local quality assurance and improvement committee at appropriate facilities to ensure that the Quality Assurance and Improvement Program policy is observed in accordance with this Directive.
 - A. Committee Members. Committee members from the Department of Correction shall include a designee(s) as determined necessary by the Unit Administrator. Committee members from the health service provider shall include the provider's Complex Health Services Administrator, a representative from each health discipline and direct care staff.
 - B. Facility Committee Duties. The facility Quality Assurance and Improvement Committee shall: ensure regular development and revision of the facility Quality Assurance and Improvement Program; review standards and monitoring systems; develop quality of care standards; review, assess and evaluate collected data to identify patterns or trends; plan for corrective action; monitor the resolution of identified problems; evaluate the effectiveness of the Quality Assurance and Improvement Program; document Quality Assurance and Improvement Program activities; and participate in Department Quality Assurance and Improvement Committee activities as needed. Minutes from committee meetings shall be disseminated to facility Health Services staff, committee members, and the Department Quality Assurance and Improvement Committee as necessary.
8. Local Quality Assurance and Improvement Program. Procedures for each local facility Quality Assurance and Improvement Program shall be problem-focused and supported by periodic physician chart reviews, analytical reports, and objective methods and accomplished by routine collection and periodic evaluation of data. Each local Quality Assurance and Improvement Program shall cover the following areas: facility level corrective action; data collection and dissemination; evaluation of care; improvement of care and services; program activities; documentation; and monitoring and review areas and criteria.
9. Quality Assurance Information Confidentiality. Copies of minutes, monitoring and evaluation activities including status reports, inmate complaints and other related Quality Assurance and Improvement data shall be maintained in accordance with Administrative Directive 8.7, Health Record Management.
10. Accountability.
 - A. The Quality Assurance and Improvement Committee shall submit to the Director of Health Services a comprehensive annual report of Quality Assurance and Improvement Program activity and outcomes.
 - B. An annual appraisal to determine the effectiveness of the monitoring and evaluation process shall be conducted by the Quality Assurance and Improvement Committee. Such appraisal shall consist of a comparison of the written plan with the reported

- Quality Assurance and Improvement Program activities and outcomes.
- C. Each responsible Complex Health Services Administrator shall ensure that a Quality Assurance and Improvement Program, complete with procedures written with appropriate guidance from the Quality Assurance and Improvement Committee, is developed and maintained in each facility. The health service provider's Director of Quality Assurance, in concert with the Director of Health Services, shall review the Quality Assurance and Improvement Program annually, at the minimum, and amend procedures as appropriate. The program shall include a mechanism to ensure systematic monitoring of compliance, to include techniques of appropriate data collection.
 - D. An annual appraisal of each facility Quality Assurance and Improvement Program shall be conducted and documented by the responsible Complex Health Services Administrator, and submitted to the Quality Assurance and Improvement Committee for review and evaluation, with a copy to the appropriate Program Director.
12. Exceptions. Any exception to the procedures in this Directive shall require prior written approval from the Commissioner.